

## INSTRUCTIONS FOR DENTAL LICENSURE BY EXAM

1. You must have graduated from an accredited dental school with a DMD or DDS degree.
2. You must have obtained 75% or higher score on each individual section of either the SRTA or WREB clinical examination within 3 tries. NERB and CRDTS scores of 75% or higher on each individual section are accepted if you have also successfully completed an additional Computer Simulations Examination (CSW). You must call your regional examining authority and have your detailed score results sent directly to the Kentucky Board office unless you took SRTA. All SRTA scores are automatically sent directly to the Board office. WREB scores are sent to the Board office automatically only if you took the exam at University of Louisville or University of Kentucky. Valid clinical examination scores are effective for 5 years.
3. You must pass the Kentucky Jurisprudence Examination, which can be taken online at <http://dentistry.ky.gov>. You may reference all of the statutes and regulations via the web or you may request that a law book be mailed to you. **Send \$10 to the Board office with your request for a law booklet.**
4. Applications are kept for 6 months from the date received in the Board office. If you have not been licensed by this time, you will be required to start the application process over. Your fee would be transferred to the new application with the exception of the \$50 application review fee.
5. It is the applicant's responsibility to call the Board office to check on the status of their application.

## WHAT TO SUBMIT WITH YOUR APPLICATION

- \_\_\_\_ 1. Application with photo and affidavit. Use the name under which you wish to be licensed. **WRITE THE REGIONAL TEST NAME, DATE AND LOCATION ON THE FRONT OF THE APPLICATION.**
- \_\_\_\_ 2. Application fee: \$165 (a \$50 non-refundable application review fee is included in this amount). This amount covers licensure through December 2009.
- \_\_\_\_ 3. Your National Board Score card, which must be sent directly to the Board office (Call the ADA at 800-621-8099).
- \_\_\_\_ 4. Official copy of your dental school final transcript with your degree posted on the transcript. **Must be sent directly to the Board office from the school or university.**
- \_\_\_\_ 5. **Continuing Education:**  
**Completion certificates showing proof of required continuing education hours, taken within 24 months of the date of receipt of your application in the Board office, must be submitted with the application.**

**2009 graduates do not need to send in proof of CE.**

**If you graduated in 2008** and submit your application after March 1, 2009, you will need to show proof of taking 15 hours of CE. Of the 15 hours, 10 hours must be scientific presentation format, 5 hours can be business, home study, online, video, magazine or journal articles. If you submit your application before March 1, 2009, you do not need to submit proof of CE.

**Applicants graduating before 2007** will need to show proof of taking 30 hours of CE. Of the 30 hours, 20 hours must be scientific presentation format, 10 hours can be business, home study, online, video, magazine or journal articles.

- \_\_\_\_ 6. You must have graduated within the last 2 years from a school which includes a Cabinet of Health & Family Services approved AIDS course. A list of approved HIV/AIDS college curriculums is on the back of this sheet. For approval on HIV/AIDS courses or for a list of approved courses call (502) 564-6539 or visit their website at: <http://chfs.ky.gov/dph/epi/hiv aids/professionaleducation.htm>
- \_\_\_\_ 7. You must be current in Basic Life Support (BLS) OR CPR. **\*\* Send a copy of the front and back of the card. These hours do not count toward the CE requirements.**

**IF YOU HAVE BEEN LICENSED AND WORKED IN ANOTHER STATE SINCE GRADUATION YOU MUST ALSO PROVIDE THE FOLLOWING:**

- \_\_\_\_\_1. Current letter (within 3 months) verifying licensure in each state you hold or have previously held a license (copy of license not accepted.) **Must be sent directly to the Board office.**
- \_\_\_\_\_2. National Practitioners Data Bank Report and AADE Clearinghouse Report. This is obtained by an electronic query done by the Board office. Complete the National Practitioners Data Bank Report and AADE Clearinghouse Report application which is available at: <http://dentistry.ky.gov/forms.htm> and send it to the Board office with **the \$25 fee.**

***IT IS NOT NECESSARY TO MAKE SEPARATE CHECKS FOR PAYMENT OF FEES.***

**Make Check payable to: KENTUCKY BOARD OF DENTISTRY**  
**Mail application to: 312 WHITTINGTON PKWY, SUITE 101**  
**LOUISVILLE KY 40222**  
**PHONE: 502/429-7280**

**\* Approved Dental HIV/AIDS College Curriculums**

University of Florida- Gainesville  
University of Iowa – Iowa City  
University of Kentucky  
University of Louisville  
University of Michigan – Ann Arbor  
University of Mississippi  
University of Missouri – Kansas City  
University of Tennessee – Memphis  
Virginia Commonwealth  
West Virginia University School of Dentistry

**\*\* Approved Providers of CPR, BLS and ACLS Certification**

American Red Cross  
American Heart Association  
American Safety & Health Institute (Florida)  
Active Canadian Emergency Training  
(A licensee / applicant must receive Board approval before another provider's certification may be used to meet KBD application or CE requirements.)